

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045472

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3436

STATE FILE NUMBER

FILED DEC 3 1962

## 1. PLACE OF DEATH

a. COUNTY

ST. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LEMAYLength of stay in 1b  
YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3810 WALLERInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN LEMAYd. STREET ADDRESS (If outside, give location)  
3810 WALLERInside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FLOYD

R

SUMPTER

4. DATE  
OF DEATH

Month

Day

Year

Nov

23

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

JULY 30 1881 81

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

RETIRED WATCHMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U-S-A

## 13a. FATHER'S NAME

UNKNOWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

ALTA SUMPTER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

RUBY MARKHAM 3810 WALLER

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

myocardial failure

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

arteriosclerotic Heart Disease

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 11-1-62 to 11-23-62 and last saw him alive on 11-16-62

Death occurred at 6 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Arthur K. Trishel M.D.

## 22b. ADDRESS

7500 Denardine, St. Louis, Mo.

## 22c. DATE SIGNED

11-24-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

## 23b. DATE

NOV 26, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

PHELPS CEMETERY

## 23d. LOCATION (City, town, or county),

JACKSONVILLE

## (State)

MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

Thomas Kurtis 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

11-24-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Michael

Apr 7-1945

1-5 P.M. last

7500 Sumnerline

Res 7422 "

STL-5825

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Corley Thompson*  
Licensed Embalmer No. 4861

P. O. Address

*St Louis 19 Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.